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ABSTRACT

This presidential address is based on a personal mentoring history. It begins by examining two pioneering women in clinical psychology, Dr. Mildred Bessie Mitchell and Lillian Shuck Wolfe. Topics examined are: (1) factors that led them to choose a career in clinical psychology; (2) whether they think it is important for women in clinical training to have mentors; (3) what role they see for women in clinical psychology; (4) whether they have considered a full-time academic career; (5) what they hope to be doing five years after receiving their doctorates; (6) how much exposure have they had to women mentors in their education process; (7) whether they hope to become active in organized psychology; and (8) factors of import to each woman. Concludes that areas in mentoring which need attention are: the development of ongoing support networks which provide a combination of data and encouragement; the encouragement of personal discussions with students who desire mentoring; and better recording of current practices so that future generations will have an available heritage and an ongoing chronology about women's issues in clinical psychology. (JBJ)

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Mentoring Women in Clinical Psychology: A Case Example

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Division 12, Section IV Presidential Address delivered at the Annual Convention of the American Psychological Association, August 12, 1995.

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Abstract

This presidential address, given to APA's Division 12, Section IV, Clinical Psychology of Women, is based on the author's personal mentoring history. It begins with two early women clinical psychologists who had an impact on her career and provides some of their heritage to the discipline as well as to her career. The presentation then summarizes data obtained from some of her women students who have entered the discipline. the presentation concludes with the author's hopes for the future of mentoring women in clinical psychology.

Mentoring Women in Clinical Psychology: A Case Example

When I first realized I would be giving my presidential address in the city of my birth, I was very pleased. It seemed so right that I would return to New York after many years to describe how my career had been influenced by two women clinicians and how I hope I have influenced some younger women into this discipline which has become so important to me. As I looked ahead at 1995, my view was so positive. As some of you know, that view changed radically in March. At that time, my parents were involved in an automobile accident. Over the next few months, my life was one of chaos. Nine days after the accident, my father passed away. Following transfers among several hospitals, my mother passed away seven weeks after the accident. I do not think I would have been able to be here today if I had not had the outstanding support of my psychologist-husband throughout the process as well as the support of my APA family. Perhaps this combination of personal support when it is needed as well as professional modeling is really what mentoring is all about. To all of those people, as well as to my parents, I dedicate today's talk.

Contemplating a talk about the clinical psychology of women, I initially had a range of ideas for my presidential address. Mentoring has been a cornerstone of both my career and my writing in this area. I therefore settled on the broad concept of mentoring for my address. I was then faced with a decision about how to present this topic. Since I enjoy historical

presentations, I decided to provide some background about two early women in clinical and how working with them has impacted my career. Following a description of the careers and impact on me of these two women, I will summarize data received from some of my former women students who are now at various stages of their own progression toward joining the discipline. My presentation is not designed to provide great insights into the mentoring process. Rather the purpose of this talk is to honor two pioneers in the discipline by recording some of their contributions for future generations to appreciate and also to hear the thoughts of the next generation of women in our specialty.

As an undergraduate student, I really had little idea about the direction my career would go. I knew I wanted to have a career but that was the limit of my knowledge as I approached the mid-point of my undergraduate studies. I had a vague idea about becoming an attorney. After meeting my future mother-in-law, who was a practicing attorney and politician, I decided it was time to rethink my career path. At that time historically, law school for women was a very unfriendly place. She described to me typical cases of male professors verbally abusing the few women in their classes. I had sufficient self-understanding to realize that I would not handle such treatment well. I had never experienced any form of sexual discrimination, at last not to my knowledge. I was not a very assertive person when confronted by what I considered to be power figures. I did not doubt my ability to be admitted to law school but I had considerable

doubts about my ability to survive once there. The question which arose for me was what alternatives were there. When I became engaged to a psychology major, I began to take some psychology classes so we could have more classes together. It was in one of those early undergraduate psychology classes where I was fortunate enough to meet Dr. Mildred Bessie Mitchell. Mildred was a pioneer in clinical psychology. Mildred was born December 25, 1903, in Rockford, Illinois. She obtained her B.A. degree with a math major at Rockford College. Although she wanted to attend Harvard for graduate study, she was denied admission because she was a woman. In 1931, she obtained her Ph.D. from Yale and delivered her first paper at an APA convention. She changed jobs often because she found less-qualified men being promoted ahead of her and she would then move on to something which sounded more challenging. In 1958, Mildred became part of the team in the Aerospace Medical Research Laboratory at Wright-Patterson Air Force Base in Dayton, Ohio (Hoyt, 1966). She served on the panel which was charged with the selection of the seven original Project Mercury astronauts. Her stories of not only the search for appropriate screening tools but also of the personality of the men she assessed were combined with her mentoring of my career. At first, I got the impression that the world was so very open to women. After all, look at what she had done. When she became my professor at the time of her retirement from the military and civil service career she had pursued, she was a Lt. Commander. She had worked not only with the original astronauts, but also had been a classmate

of "Fred Skinner" and worked with David Wechsler on the original Wechsler Bellevue. As we moved into a mentoring relationship from that initial faculty-student relationship, however, I learned that she had not been promoted as quickly as her male peers, had been denied the right to serve on a submarine because she was a women, and was not permitted to obtain her degree from Harvard, despite taking classes there, because she was a WOMAN.

Despite these barriers, Mildred did have a strong career. She gently nudged me in the direction of clinical psychology from the first class I took with her. Over time, the influence became stronger. How did she mentor me? What contributions did she make that others might adapt for their own mentoring purposes?

Initially, Mildred took an undergraduate student who did not really have a career direction and lacked much self-confidence. Despite the fact that I was valedictorian of my college class, I did not really feel I had much talent. Mildred was a constant factor of encouragement in terms of applying to graduate school as well as gently introducing me to the discipline. She provided a model of a clinical psychologist who does not really retire from the discipline. She moved into an academic career after her civil service career. She also maintained a private practice. Much of her work was in assessment. She gave me the foundation of appreciation for our discipline's contributions in this domain which would be further nurtured by my director of clinical training. Mildred kept in regular contact with me, despite the geographic distance. She was also a regular attendee of the APA convention. Anytime I presented, I could count on the fact that

Mildred would be in the front row. She took me to early social hours at conventions and introduced me as her protege. As I became more active in the discipline, she proudly commented that she had been my professor and that pride showed in both her tone of voice and her comments. I have so many anecdotes I could share about Mildred and would be happy to do so with any of you after my talk. In many ways, Mildred was an early feminist. She married later in life than was traditional at that time. Because she had already established herself under the name of Mitchell, she did not use her husband's name professionally. When others tried to force her to use it, she held firm in her right to be known as Mildred Mitchell. I saw in her a woman who had learned which battles could be won and which ones were best left for others in the future. I hope I have learned that lesson in my own career.

Mildred passed away shortly after the publication of O'Connell and Russo's book, Models of Achievement: Reflections of Eminent Women in Psychology, in 1983 in which a chapter is devoted to Mildred. Mildred was so proud to be included in that work. She sent my husband and me a autographed copy just before her death. Her inscription reads, "To Janet and Lee, What a joy to have had you as students!, Mildred B. Mitchell."

The other pioneer woman in clinical who had a strong impact on my career was Lillian Shuck Wolfe. After Mildred died, I realized how important it was to gather information about the pioneer women in our discipline. I wish I had gathered more personal information from Mildred during our years of

corresponding. I thus spent several years gathering information about Lillian's career. She and I corresponded. I asked to become her biographer. Although she had concerns about being taped and therefore would not do so, she did agree to have her psychologist-daughter transcribe her responses to questions and send them to me. I have given several convention talks about her unique career. Today, however, I will center my remarks on her mentoring of me in clinical psychology.

Lillian was born August 24, 1910, in Oklahoma City, Oklahoma. She received her B.A. from Stanford University in 1931 and her M.A. from that same university in 1932. She studied with Terman and Merrill and noted that she was the only undergraduate student at the time allowed to attend Terman's evening seminar in his home. At the suggestion of Terman that she broaden her background by obtaining her doctorate elsewhere, she obtained her Ph.D. from Yale University in 1935. She thus arrived at Yale the year after Mildred had obtained her degree and thus they did not become acquainted. According to Lillian, she believed she was the first person to actually be trained in clinical psychology rather than in the more generic psychology which was the background of other pioneer clinical psychologists. In many ways, Lillian was a more traditional "woman" than Mildred. While at Yale she met and married psychologist John Bascom Wolfe. Her career would be secondary to his throughout their professional lives. When he became department chair at the University of Mississippi, she followed him there. Because of nepotism rules, she was unable to obtain a faculty appointment in the department

for many years although she taught many courses there without pay at that time. In 1973, she was granted tenure status. This was just two years before the university's manditory retirement policy forced her to leave her position. Due to her many contributions to the growth of the department, including guiding it through the APA accreditation process, she was made Professor Emeritus of Clinical Psychology in July, 1975. In 1977, Mississippi Psychological Association honored her as their initial recipient of their annual Distinguished Professional Contribution Award based on her history of leadership of the fledgling specialty of clinical psychology in Mississippi. She had established the role of clinical psychology as a profession in the state and influenced many of us in the process.

By the time I arrived at the University of Mississippi, John was in the process of retiring and Lillian was Director of Clinical Training. By both personal example and her nurturing of our careers, she taught me that the dual-psychologist couple is not an aberrant concept. When some of our faculty tried to frighten me by suggesting that my husband and I would never find predoctoral internships in the same city let alone the same facility, Lillian provided a calming influence and the reassurance that if we had problems, she would "HELP" us. Although we did not need to turn to her for that type of assistance, I found it extremely important to know it was there. She provided a role model that you could be an active professional (after all, she had served on the state licensing board, was director of clinical training, and had a history of

being active in the state association) and still have what seemed to be a happy family life. As we shall learn when I discuss my former students, this latter characteristic seems to be important to many of our next generation women in clinical. Lillian had a knack of maintaining appropriate boundaries between professor and student while I was in training and yet allowing me sufficient knowledge about her life to have a major impact on who I became as a professional. She took visible pride in the accomplishments of her former students once they joined the profession. This ongoing contact has been something I have tried to maintain with some of my former students and is a legacy of both Mildred and Lillian. Perhaps the strength of her influence on me is best understood by the fact that I seem to have adopted several of the characteristics which her former students often note about their experiences with her. She was a stickler for grammar, spelling, and punctuation. Not only were these factors considered part of the grading of essays on her exams, but she was known to correct people's personal correspondence with her and return it with those red marks. I do not go that far, but my students get a heavy dose of negative comments about dangling participles and ending sentences with prepositions. Lillian also took a very strong position about "professional attire." I realize I trained in another era. When I share with current students her requirements for clothing, they are often horrified and may even raise civil rights objections. We never had such thoughts in my training class - we just did as we were told. Within my current department, I have a reputation of dressing

more formally for class than most of the faculty. The first time one of our housekeeping staff saw me in my office, during a holiday period and on a weekend, she just stopped and stared because I was wearing casual clothes. I don't think she believed I owned any! It took me a number of years, and tenured status, before I could bring myself to dress so casually even when classes were not in session. That is just another of Lillian's legacies.

I now turn to my own mentoring of women in the discipline. I am sufficiently self-centered to think I am a role model for a certain group of my undergraduates. To better understand their interest in clinical psychology and why they have chosen this career, I asked 6 of my former students, who were at various stages of their doctoral studies in clinical psychology at the time, to complete a series of 8 short-answer questions for me. These data are not intended to be considered as covering the possible range of responses. These students were individually selected because they had kept in contact with me and I had a current address for them. I use their data, with their permission, to illustrate what CAN be part of the background of women we mentor and how we MAY be influencing this next generation of women clinicians. I am also very proud of the individual accomplishments of each of these women and of the small part I may have played in the road they have chosen.

Before discussing their answers, I want to publicly thank each of them for their time and their permission to use their names today. They are, alphabetically, Julie Brosnan (Psy.D.

program, Chicago School of Professional Psychology); Myra Qualls Elder (Ph.D. program, Temple University); Pam Pratt Hannapel (Ph.D. program, University of Missouri-St. Louis); Michele Neumann (Psy.D. program, Florida Institute of Technology); Han Nguyen (Ph.D. program, Catholic University), and Angelle Sander (Ph.D. program in clinical neuropsychology, University of Houston).

Question 1. What factors led you to choose a career in clinical psychology? These 6 women had a range of responses to this item. A frequently mentioned idea was that they had always enjoyed helping others and that they had a history of having friends seek advice from them. In several cases this history also included having a family member or close friend who had a diagnosed emotional problem. A second common response involved the flexibility and versatility they perceived in our discipline. They noted the range of types of places where clinical psychologists might be employed, the different activities such as assessment, therapy, teaching and research, and the option of being either full-time or part-time. One of these women specifically noted the importance of the scientific foundation of clinical psychology and its appeal to her scholarly interests. Several of these women also noted the importance of learning about themselves as they learned to help others. As we move into changing times in terms of employment and reimbursement procedures, perhaps some of these women have an unrealistically rosy view of clinical psychology. I may be partially at fault for that point of view. On the other hand, I am pleased to note

the versatility they perceive in our field. They are not carbon copies of each other. They do, however, seem to look to the future of clinical psychology with anticipation rather than dread and perhaps that approach will be useful for us all.

Question 2. Do you think it is important for women in clinical training to have women mentors? Why or why not? A key issue in the response of my former students is the match of the woman to the student. One of them noted that she had had some women mentors who had devoted themselves exclusively to psychology "at the expense of other aspects of their lives." She noted that she did not want that type of life and therefore that type of role model was not a good one for her. She added that the main reason she would want a woman mentor rather than a man was sensitivity to women's issues. She noted the problem some of her women mentors had trying to rise in their careers and perhaps as a result of those difficulties they often said that careers last and marriages may not. Given the fact that this particular student was, and still is, married, she was not interested in a mentor coming from that frame of reference. Several of my women took a much stronger stand favoring women mentors. One felt women mentors were needed to help women in training explore both the options and constraints of the discipline without the presence of the "undercurrents of a male-dominated patriarchal society." Another commented that without having had a woman mentor she did not believe she would have had the career ambitions she now has. She noted that as a financially struggling person from an ethnic minority background she felt

obtaining an undergraduate degree was considered ambitious. Related to this aspect of mentoring was the comment of another of these women about the fact that she had come from a traditional home where her mother's main goal was to support her father's career. For her, having had several women mentors who had active careers provided a balance she desired. My ethnic minority student also noted that she was more comfortable asking questions of women than men and exploring herself. This aspect was echoed by several of my former students suggesting to me the importance of allowing students to discuss personal aspects of their lives. For those of us who were trained in rather traditional modes of supervision, it is important to remember that sharing vulnerable and personal information with mentors is an important aspect of mentoring for some of our trainees. Another woman added the dimension of women mentors forming what she called a "new girl network" to help younger women start in the profession as well as to demonstrate the possibility of successfully juggling clinical practice, teaching, and a family life. Several of these women emphasized the difference they experienced in supervision when comparing women and men. They suggested that women clinicians with whom they had trained seemed to have a different approach to therapy than men and to be able to communicate this approach successfully to them more so than their male supervisors. Perhaps these young women did not have an opportunity to work with male supervisors who would be considered feminists by orientation. It may also be, however, that because these women identified more closely with the women supervisors they developed

a more compatible communication style with them as well.

Question 3. What do you see as the role of women in clinical psychology?

One of the women noted that women in clinical seem to have clustered in the practice domain in contrast to tenured ranks in graduate academics. Certainly this observation has been supported in terms of senior level faculty in the recent Division 12 Task Force on Women in Academe report. Another of my students provided such a comprehensive response to this question that trying to paraphrase her concepts seemed inadequate. Please indulge me while I directly quote her. "To foster and advance the research and treatment of women's psychological issues, to educate colleges and students about issues important to women clients, and to advance this mission in a way that shows an equal appreciation for traditionally male issues and does not alienate male colleagues, students, or clients." I wonder how many of us even partially live up to the role she has set for us? Another of these women noted that our role in the discipline is an evolving one. She suggested that at this time, a major need is to serve as role models and to help additional women successfully enter the profession. She also suggested that just as medicine has begun to take greater note of the need for research on women's health issues, psychology needs to move in this direction in terms of women's issues. She hoped to see us move beyond the isolation of a few sections or journals about women's issues into a broader acceptance within the profession of psychology. Perhaps APA President-elect Dorothy Cantor's women's agenda will

contribute to that goal. Her view of the future was one where women and men had similar roles in clinical psychology rather than the need to be integrated. Another woman noted the importance of women continuing to mentor after training needs have been completed. Mentoring into the ranks of fully functioning professionals does not end with the granting of the doctorate or obtaining licensure. Another of these women also noted the important role women in clinical psychology play in terms of exposing men to greater sensitivity to issues of discrimination as well as to addressing traditional stereotypes about women professionals.

Question 4. Have you considered a full-time academic career? Why or why not?

As a full-time academic clinical psychologist, I was interested in whether this type of career path had been adopted by any of my former students. I was also looking at the issue of increasing the number of strong women role models at the training level. Of these 6 women, 4 were definitely not interested in such a career, one was interested, and one was still considering it. Of the 4 who were not interested in an academic life, their reasons tended to center on the fact that they had entered this specialty because of an interest in the application of psychology. Although they noted faculty private and consulting practices, they had concerns about the ability to do so and to maintain family lives. One of my women added in addition to her interest in the application of psychology, she felt that because she knew so few Asian-American clinical psychologists, she felt a

greater demand for her to provide clinical services in a community setting. A second one noted that she felt the "publish or perish" approach of the academic world would limit her time to provide service to under-represented groups. A main goal for her was to work in such a setting. She did, however, indicate a strong interest in part-time teaching but in a liberal arts setting. The one who was interested in such a career noted the importance to her of having a practice to facilitate her classroom discussions. The one who was unsure indicated a strong interest in teaching but had concerns about salary levels in the absence of external grant funds, limited time for clinical practice, and publication pressures. This final concern has also been raised by the Division 12 Task Force in terms of providing role models for the publication process.

Question 5. What do you hope to be doing five years after the receipt of your doctorate?

1. have my first child, building my clinical reputation, giving seminars, and have a job with flexible hours

2. ideally, working part-time in a rehab. setting and part-time teaching evenings to use her experience in the classroom; realistically, full-time in one or the other

3. director or ranking member of a service site providing low-cost mental health services to a rural community, providing training to educate other health professionals about this population, and active in psychological organizations

4. work in both a hospital and forensic setting with Asians and helping expand the available pool of appropriate assessment

tools for use with this group

5. teaching part-time, part-time practice, having a central focus on women's issues and mentoring women who have just begun the process of entering the discipline

6. faculty member of a medical school or health science center combining training, research, and service

With such a small sample, I was pleased to read this range of career aspirations. Whether these women are typical of women in clinical training today, I do not know. I also do not know how successful they will be in terms of finding these ideal positions. I am happy, however, that they have been exposed to a sufficient range of models to know that so many options exist.

Question 6. How much of your education have you completed at this time? How much exposure have you had to women mentors in that educational process?

I gathered this information about a year and a half ago in preparation for today's talk (I get a bit compulsive about such things). I felt it would be important to have a general sense of where these women were in the process of becoming clinicians.

1. completed all coursework for Ph.D., defended dissertation proposal, preparing for internship; most mentors were male, had woman mentor for 1.5 years for therapy training

2. same stage of training but currently being mentored by three ethnic minority women of three different races who provide both supervision and nurturing of her career

3. a 4th year student who noted the importance of women mentors starting in high school where she was encouraged by them

to apply to college and who helped her obtain a scholarship so she could attend, several undergraduate female psychology faculty including one who helped her find an appropriate doctoral program, but none on her doctoral clinical faculty

4. an ABD who had the strongest range of women mentors in this group; she noted 3 undergraduate mentors, her major practicum and internship supervisors were both women, her dissertation committee chair as well as another of the committee members were also women

5. completed 1.5 years of Psy.D. program; women mentors included undergraduate faculty mentor who shaped career goals, graduate academic advisor, and graduate assessment practicum supervisor

6. same stage of a Psy.D. program who noted her supervision at that time had been by men; she noted having had two clinical classes with female faculty one of whom had made a major impression on her career direction

Question 7. Do you hope to become/remain active in organized psychology? Why or why not? Perhaps because I have found my activity within organized psychology to be such a formative part of who I am today, I was curious about student attitudes in this area. One noted an interest in presenting papers at conventions but did not feel she was interested in governance positions. Four others also noted interest in presentations as well as the peer support at such meetings but did not indicate an interest in leadership roles. Only one of these women took the position that the leadership of organized

psychology needed to reflect its increasing female membership and she had a strong interest in becoming part of that political process.

Question 8. Are there other points I should know about you and your training as I organize my thoughts about women entering the discipline of clinical psychology?

One of these women noted that she had generally been quite pleased with the male mentors she had during her training and felt she might have responded differently to the questions if she had had either poor male mentors or had faced sexual discrimination. She felt compatibility of personal characteristics was more important to her than the sex of the mentor. Another woman chose to use this section to thank me for the amount of time she felt I had devoted to helping her find a career. A third women used this section to indicate her distress regarding the lack of sensitivity and support she felt regarding ethnic minority issues in her graduate faculty. She was especially concerned about the need for additional assessment tools normed for specific ethnic groups and the training faculty available to supervise projects on this topic. Her responses made me somewhat concerned about her particular program but they also seem to fit with our training approach from the perspective that if you have not had experience in a given area you are not deemed qualified to explore it from the perspective of graduate research supervision. An interesting comment from another of the women addressed the distinction between subtle and blatant discrimination. She noted that she had not had the experience of

being told there were limits on her range of possibilities as a psychologist based on being female. She did not feel, however, that she was prepared for such subtle forms of discrimination as the possibility of not receiving the same salary as her male peer and not knowing they were paid differentially and addressing the impact of psychological theories that are clearly biased against women. A final issue raised by several of these women was a sense of not knowing what resources are available as a support system for young women in the profession. They wondered if there was a data base about women who successfully balance careers and family. If such data exist, why are students not exposed to them at some time in their training. For me, this concept argues for the inclusion of psychology of women courses in more of our training programs as well as more attention to the personal lives of our next generation of clinicians.

Now that I have indulged myself in this hour of nostalgia, I would like to take a few more minutes of your time to summarize what I learned from assembling this material. I continue to believe in the importance of mentoring. If the women I have described today are at all representative of women in clinical psychology, we have a strong heritage as well as a strong future. Areas which may need additional attention in terms of mentoring women in clinical psychology are the development of ongoing support networks which provide a combination of data and encouragement, the encouragement of personal discussions with students who desire this form of mentoring, and better recording of what we are doing so future generations will have not only an

available heritage but an ongoing chronology about women's issues in clinical psychology.

Thank you for your attention and for your selection of this session.

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